

MIAMI-DADE COUNTY
Local Developing Business Income Source Declaration

Business Name: _____

Business Address: _____

Federal Tax Identification No.: _____

| <u>Source of Income*</u> | <u>Amount</u> | <u>Amount</u> | <u>Amount</u> | <u>Subcontractor</u> | <u>Contracts</u> <u>Address</u> | <u>Contact</u> <u>Phone</u> | <u>Attached?</u> | <u>Name</u> |
|--|---------------|---------------|---------------|----------------------|------------------------------------|--------------------------------|--|-------------|
| Qualifying subcontractor 1 | | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Qualifying subcontractor 2 | | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Qualifying subcontractor 3 | | | | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Non-qualifying income sources | _____ | _____ | _____ | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| Total gross income per tax return** | ===== | ===== | ===== | | | | | |

* List all qualifying income sources

** Must agree to unadjusted gross income per tax return for all qualifying years.

NOTE: The documentation supporting the declarations on this schedule must be retained for the entire period of Local Developing Business certification and kept at the business site, available for audit by the County on three (3) days written notice.

OWNER CERTIFICATION:

I certify that the above is correct, complete and accurate.

Name

Title

Date

**Personal Net Worth Affidavit
Local Developing Business (LDB) Program**

Firm name: _____

Please provide net worth information for each owner by completing the appropriate sections as requested below in order for this department to determine whether your firm is eligible for participation in the Local Developing Business (LDB) program.

Personal Net Worth means the sum of the fair market value of the interests owned by an individual in all assets minus the debt of the individual. If an asset is owned jointly as husband and wife, then fifty percent (50%) of the fair market value for that asset will be counted if only one spouse participates in the firm being reviewed. If debt is attributable to an asset owned jointly as husband and wife, then fifty percent (50%) of the debt will be counted if only one spouse participates in the firm being reviewed. Up to \$500,000 of the equity or debt in the individual's Primary Residence may be excluded when determining the Personal Net Worth as well as the individual's ownership interest in the applicant firm.

| Section 1 | Section 2 | Section 3 |
|--------------|-------------|--------------------|
| Owner's Name | Ownership % | Personal Net Worth |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

AFFIDAVIT

I swear that the foregoing statements are true and correct and include all the information necessary to determine the Personal Net Worth (PNW) of the firm's owner(s).

Further, I understand that the Department of Business Development reserves the right to conduct investigations and request additional information necessary to verify the statements and information provided.

Sworn to and subscribed before me this _____ day of _____, 200__

Executed by: _____
(Name of Firm)

Signature of Owner: _____

Notary Public: _____

Printed Name of Owner: _____

My Commission expires on: ____/____/____

Title: _____